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Docket No.: CC001

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Patent Application

I hereby certify that this transmittal of the below of bearing Express Mail Postage and an Express Ma Trademarks, Washington, D.C., 20231, on the below.	ail label, with the below serial nu	deposited with the United States Postal Service in an envelope number, addressed to the Commissioner of Patents and			
Express Mail EI494026447US Label No.:	j Deposit.	CARL CHASE, JR.			
Date of Deposit: X 8/8/9	Signature of the Person Making the Deposit:	Carld Close .			
Inventor(s): Carl A. Chase,	Jr.				
Title: PORTABLE INFLA	TABLE MASSAGE SUP	PPORT APPARATUS			
The Commissioner of Patents and Trademarks Washington, D.C. 20231 Sir:					
Transmittal of a Patent Application					
·	(Under 37 CFR §1.53)	3)			
Transmitted herewith is the above identified patent application, including:					
<ul><li>X Specification, claims and abstra</li><li>Formal drawings, totaling</li></ul>		pages.			
x Informal drawings, totaling					
x Declaration and Power of Attorn	ney.				
x Information Disclosure stateme	nt.				
<u>x</u> Form 1449					
Assignment(s)					
Assignment Recordation Form	(duplicate)				
X Other: Copy of Reference	e Cited				

## FEES DUE

The fees due for filing the specification pursuant to 37 C.F.R.  $\S$  1.16 and for recording of the Assignment, if any, are determined as follows:

	The Control of	CLA	IMS		
	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEES
Basic Application Fee					\$385.00
Total Claims	20	Minus 20=	0	X \$11 =	0
Independent Claims	4	Minus 3=	1	X \$40 =	\$40.00
If multiple depe	ndent claims a	re presented, add	\$260.00		<u>.</u> .
Add Assignmer enclosed	nt Recording Fe	ee of \$40.00 If As	signment docum	nent is	*
TOTAL APPLICATION FEE DUE					\$425.00

## **PAYMENT OF FEES**

1.		The full fee due in connection with this communication is provided as follows:					
[	]	The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.:  A duplicate copy of this authorization is enclosed.					
[	]	A check in the amount of \$425.00					
[	]	Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.:					
This application is filed pursuant to 37 C.F.R. § 1.53 in the name of the above-identified Inventor(s).							
Please direct all correspondence concerning the above-identified application to the following address:							
		CARL A. CHASE, JR. P.O. Box 484 Big Sur, California 93920 (408) 667-2885					
		Respectfully submitted,					
Date	e: <u>X</u>	B/B/97 By Carl A. Chase, Jr.					